

Description of Reproductive Health for Married Adolescent Couples Program funded by the ACQUIRE Project in Nepal

Project Title	:	Reproductive Health for Married Adolescent Couples Program (RHMACP)
Project Sites	:	69 VDCs of Dhanusha and Parsa districts
Project Period	:	May 2005 to June 2007
Project Funded by	:	USAID Field Support through the ACQUIRE Project
Implementing Partners	:	EngenderHealth and CARE-Nepal

1. Introduction

The ACQUIRE project has been implementing a Reproductive Health Program for Married Adolescence Couples in two-terai districts in Nepal -Dhanusha and Parsa - in partnership with EngenderHealth and CARE Nepal to improve the reproductive health status of newly married adolescent couples.

The overall goal of the program is to improve the reproductive health status of newly married adolescent couples in Dhanusha and Parsa districts by increasing access to and use of RH information and services.

The program covers a total 69 Village Development Committees (VDCs) in two districts (Three VDCs from each Ilaka). The project aims to work with nine adolescent couples from each VDC to reach out to other youth and key adults in the project VDCs.

The first phase of the project was from May 2005 to June 2006. The second phase of the project will last from July 2006 to June 2007.

The following strategies and approaches will be implemented during the second phase of the project. The activities designed for the second phase of the project will also be based on the lessons learned from the first year of the project.

2. Project strategy and approaches

To increase young couples' access to and use of reproductive health information and services, the project is using the following three approaches:

1. Educating peer educators to provide RH information to their peers (particularly married couples) in their own locality and community by organizing various individual and group educational events;
2. Creating an enabling environment for married adolescent couples project by working with parents, in-laws (MIL/SIL/DIL), influential people, opinion/religious leaders, and;
3. Increasing access of married adolescents to RH services by assisting/supporting establishing YFS at local health facilities;

3. Program description

a. Overall Objective:

The overall goal of the Reproductive Health for Married Adolescent Couples Program (RHMACP) is to improve the reproductive health status of newly married adolescent couples in Dhanusha and Parsa districts by increasing access to and use of RH information and services.

b. Specific Objectives:

To achieve the goal above, the program has the following specific objectives:

- Increasing family planning, maternal health, and HIV/STI knowledge among married adolescent couples.
- Increasing knowledge of health service providers about reproductive health needs of married adolescent couples, including information related to pregnancy, delivery, and post natal care, family planning and HIV/STIs, resulting in improved access to quality services for them.
- Increasing community and family support for reproductive health decision-making among married adolescent couples, especially related to pregnancy, delivery and post natal, and family planning services.

c. Description of activities planned for second year

The activities for the 2nd year of the project have been identified to address each of the following objectives and its indicators; by baseline study results and recommendations made during different field visits and technical support visits (TSVs):

Specific objective 1: Increasing family planning, maternal health, and HIV/STI knowledge among married adolescent couples.

Activity 1.1 Two days Facilitation and Communication skill training for PEs

The project's peer educators (PEs) are currently the main source of information for adolescents and youth, especially among young married women who have decreased social mobility. The PEs are also key resources in implementing community outreach activities to ensure that community members understand the RH needs and rights of married youth and can help in creating an enabling environment for RH initiatives in the community.

During the first year of the project, the PEs were trained on reproductive health issues and basic communication skills. During this year, the peer educators will receive a two day refresher training on facilitation and communication skills to assist them in carrying out their activities.

The training will involve 1242 PEs (9 peer couples from 69 VDCs in two districts). Since the project now has some new PEs (due to dropouts) the training will serve as a basic training for new PEs and refresher training for continuing PEs. The training will focus on communication, facilitation, leadership, negotiation, decision-making, skills as well as basic information about sexual and reproductive health.

During the training, we will identify the additional skills and knowledge that we need to impart to PEs and develop a workplan so their monthly meetings can serve as additional opportunities for learning and training. These monthly meetings will be facilitated by SRHFs and local health workers with technical assistance provided by the ACQUIRE staff.

The training will be organized in all the program VDCs with 18 PEs per group. Project and EH staff, SRHF, HF in-charge and DPHO staff will facilitate the training as per the curriculum developed by ACQUIRE staff to address the needs and requirements of PEs.

After the training, PEs will implement monthly meetings in health facilities and continue discussions with their peers (married adolescents and youth) focusing on pertinent issues that are related to them:

- Maternal and child health (ANC, safe delivery, immunization, etc.)
- Delay pregnancy (consequences of early age pregnancy)
- Use of FP methods (consequences of multiple/too many pregnancies)
- Male involvement in family planning and safe motherhood (responsibilities of men in planning family size, mother's RH especially pregnancies and related complications, etc.)
- Gender roles and values clarification (roles and responsibilities of MIL/SIL and head of household in ensuring women's RH status)
- Youth friendly services (Health workers' behaviors, attitude and maintenance of privacy, etc.)

Activity 1.2 Monthly meeting of PE at VDC level

In each program VDCs, ACQUIRE staff will organize monthly meetings with PEs throughout the entire project period. The main objective of this meeting is to provide a forum for PEs where they can meet regularly and share their feelings, queries, problems, and experiences. During the meeting, they will update the record of married adolescents and youth in their locality and community so that they can disseminate RH messages to them. The meeting will help PEs to identify ways/methods to solve the problems they are facing. The meetings will also serve as additional training and skills-building opportunities for the peer educators.

The SRHFs and Health facility In-charge will facilitate the meeting. ACQUIRE staff will provide technical support and ensure quality of the meeting in a regular basis.

Activity 1.3 Development of Youth Leadership

The purpose of the activity is to develop and promote youth leadership among peer educators so that the community will have young leaders for health and development in their own community. It also aims to maintain and promote a feeling towards volunteerism among young population. It will be done by providing opportunities and exposure in various meetings, workshops, training, etc. to well-motivated and best performing peer educators. The major areas of their exposure will be gender and development, social inclusions, leadership, decision-making, problem solving, etc. It helps them to develop their skills and knowledge on it and mobilize their communities to address these issues on their own at local levels. It ultimately helps sustaining outcomes of project activities in the community.

The selection of model peer educators will be based on their regular and quality of participation in PE initiatives, level of motivation, creativeness, expansion of peer contact, spirit of volunteerism, leadership skills, communication and facilitation skills, readiness to adapt new things and healthy behaviors, etc. The process will be facilitated by concerned SRHF, health workers of their VDCs and project staff. Selection will be done at the mid of the project in 2006 considering their performances from the beginning till mid of the project. A check-list will be developed to make the selection process easy and unbiased.

Out of 1242 peer educators, at least 5% of them i.e. 62 PEs (38 from Dhanusha district and 24 from Parsa district) will be selected and developed as youth leaders by exposing them in trainings, meetings and workshops. A 5-days training focusing on skills of leadership and community mobilization will be conducted for them. It will also contain major issues of social inclusions. The selected PEs will be intensively exposed and involved in “anti-child marriage and dowry committee” meetings and activities, meetings with community influential people, mothers-in-law and sisters-in-law so that they will be able to take a lead and organize such initiatives in the community on their own in the future.

Activity 1.4 Publication of PE voices, experiences and case studies

The purpose of the activity is to document selected materials produced by the PEs for publicity, advocacy and fundraising at different levels. It is also to share information within and outside the districts. There is also a need to develop short visual clips (10-20 minutes) to use as a tool to advocate for RH needs and rights of married adolescents among policy makers, donors, government/bilateral agencies, etc. It will also serve as a promotional material as well as teaching aids to similar issues at different places.

The activity will be done at the end of project implementation i.e. April 2007. Though the activity will not serve directly the objectives of the project at current stage but will be helpful in future for dissemination, documentation, advocacy and fundraising purposes.

Activity 1.5 PE’s initiative

Activity 1.5.1 Implementation of Outreach Activities by PEs

Under this activity, project will provide essential technical and logistic support for community outreach initiatives planned and organized by peer educators on their own at local level.

The main purpose of this activity is to enable peer educators to identify activities they can use to help married youth learn more about reproductive health, such as using an approach called “Tin Saathi Avhiyaan” to transfer knowledge and skills to at least other three peers in their own community. Additionally, these outreach activities will strengthen linkages between the PEs and the service providers as providers will also participate in some outreach activities. PEs will also prepare their monthly action plans to carryout publication of wall magazine, performance of social dramas, awareness raising activities, etc. in consultation with the local health service providers.

Project staff will provide assistance to put the ideas into practices. They will also be closely supervising to be within the scope of project objectives and its financial obligations.

Expected deliverables and performed activities to date (March 31, 2007):

- Trained 1242 peer educators with 2 day training on communication and facilitation skills

- Organized 621 events of PEs' monthly meetings to discuss ways to address challenges faced in implementing community activities and to provide ongoing content and skills training
- Action plan illustrating the activities that the peer educators will implement in the community on an ongoing basis
- 62 peer educators trained as youth leaders
- 1242 number of activities carried out per month by peer educators to reach young married couples in the community
- Transformation of knowledge and skills on RH to 3726 married adolescents under "Tin Saathi Abhiyaan" (One PE contacts and teaches three additional adolescents and youth in their community)

Specific Objective 2: Increasing the knowledge of government service providers about the reproductive health needs of adolescent, including information related to pregnancy, delivery, and postnatal care and HIV/STIs, resulting in improved access to quality services for adolescent married couples

Activity 2.1 Couple counseling training to health service providers

The main objective of the activity is to enhance knowledge of participants in counseling of married adolescents and youths. A two-day couple counseling training will be organized for all the health workers of the RHMAC Program VDCs. The training curriculum will be developed and training will be organized jointly by the ACQUIRE staff in the respective district during the first quarter of the second year. The training will help them to understand the needs of married adolescents and the importance of providing SRH services to the married adolescents and youth. The training will provide an opportunity to strengthen coordination and cooperation between project staff and the health workers.

Activity 2.2 Ilaka level meeting with health service providers (Semiannual)

After the couple counseling training regular follow up and interaction will be conducted on a semiannual basis with the trained health workers in the presence of the DPHO and their supervisor. The semiannual interaction meeting will help the health workers in reflecting there work on YFS and sharing of experiences working with married youth and adolescents. In-charge of health facility will participate the meeting which will be organized at Ilaka level identifying the meeting venue suitable to all participants.

Additional support and technical assistance to service providers will be done during regular TSV that also helps to monitor the implementation of the training they received.

Activity 2.3 Recognition to best performing health facility

The objective of the activity is to promote the efficiency of health service providers in addressing RH needs and rights of married adolescents at the health facility level. Additionally, this activity

seeks to promote the provision of youth friendly services at local level in order to increase young couples' access to services.

The best performing health facility from each district will be identified based on its overall performance on RH indicators and its contributions to address issues related to married adolescents. Their performance will be evaluated based on their involvement in the project, their support to PEs and project staff, their attitude towards the program, their involvement in managing YFS, maintaining site quality and encouraging married adolescents and youth in using services, etc. They will be honored with **Certificate of Best Performance** during quarterly review meeting in the district. DPHO and project staff will do the assessment of HF performance jointly.

Activity 2.4 Logistic and essential supplies to HFs

In order to ensure quality service provision, basic and essential equipment will be provided to the health facilities. This may include a BP instrument, stethoscope, weighing scales, thermometer, curtains to maintain privacy, and examination table, etc. The District Quality Assurance team will assess the need for equipment asked by the health facilities and action will be based on the recommendations.

Activity 2.5 Technical Support Visit to HFs and PEs

The project team will visit the project communities and health facilities for technical support on an ongoing basis in conjunction with DPHO staff. Supervision will also help facilitate access to essential commodities and health education materials at the health facilities as well as to update technical information to both the health workers and PEs. Such visits will also be helpful to identify community issues, which will be documented and findings will be shared at various forums.

TSV is done at least once a month by using a checklist, which is already developed by NFHP/QA team. During the TSV, the following activities will be performed in the field:

- Ensuring availability of YFS in the HF;
- Ensuring availability of equipment to operate YFS in the HF;
- Ensuring availability of trained health worker in YFS;
- Ensuring maintaining privacy during YFS;
- Monitoring of accessibility of married adolescents to YFS;
- Mentoring and coaching health workers with updated knowledge and skills of YFS;
- Supervising performances of PEs;
- Providing training and skills training for PEs
- Encouraging involvement of community people and MIL/SIL in the program; etc.

Expected deliverables and performed activities to date (March 31, 2007):

- Curriculum developed to train the health provides in couples counseling

- 160 health service providers trained in couples counseling (*because of continued bandh and unrest political/security situation, only 60 health workers are trained to date. Rest will be trained in April-May 2007*).
- One ilaka level meeting held with the health service providers (*it is also due for April and May because of the bandh and unrest*)
- 2 health facilities given an award for best performance on a quarterly basis (*it is also due for April and May because of the bandh and unrest*)
- 69 number of sites given basic and essential equipment
- 621 events of technical support visit (TSV) to health facilities to ensure the implementation of training received by the health service providers

Specific Objective 3: Increasing community and family support in decision making among married adolescent couples on their RH needs, especially related to pregnancy and child bearing, and family planning

Activity 3.1 Interaction workshop with mothers-in-law (MIL) and sisters-in-law (SIL)

With the objective of not only sensitizing but also to establish the prime roles of mother in-laws and sister in-laws in improving the reproductive health situation of married adolescents at the household and community levels, the project will have regular and frequent interaction and communication with in-laws especially with mother in-laws (MIL), sister in-laws (SIL) and daughter in-laws (DIL). The interaction meeting with MIL/SIL will be mainly focused on identifying and discussing on reproductive health needs and rights of married adolescents. They will also discuss on how to support newly married adolescents in seeking and accessing to reproductive health services at local level. The peer educators in coordination with SRHF will facilitate regular interactions and meetings with MIL/SIL in each VDC at a bimonthly basis. At the initial stage, PEs and SRHFs will help the participants develop their own workplan for their group. Later, PE will coordinate and follow up it as per their local needs and requirements. PE will also use the local mothers' group as a forum to include newly married female adolescents, so that they will be educated and interact about RH issues at a regular basis. The newly married female adolescents will also get an opportunity to learn from the experiences of other elderly women in the group.

Activity 3.2 Ilaka level interaction workshop for influential people to address early marriage and dowry practices in the communities

Different studies show that people like community leaders, school teachers, faith healers etc. have major contribution in setting social norms and values. They also can influence families in taking decisions that are directly linked with reproductive health of adolescents. Thus, the program encourages and supports PE's to have regular and frequent interaction and communication with such people through interaction workshop for them at ilaka level. The interactions will take place once in three months and will mainly focus on child marriage and dowry system as dowry system is the root of early marriage, early child-bearing, high maternal and child morbidity and mortality in the community. It would further focus much more on helping the adults understand what the young people's need are, what the different barriers are,

how this can impact their lives, what they need to do to help etc. All of this will be done in a participatory way. ACQUIRE staff will provide necessary assistance for the activity.

It is expected that the activity will help to create an enabling environment for project activities in the community so that peer educators can work uninterruptedly with their peers and newly married adolescents and young people to advocate for their needs and rights of RH health.

Activity 3.3 Strengthening PE's youth forums

For the sustainability of the program, PEs will be supported in creating youth forums during the project period. Following sub-activities will be done to promote and sustain the activities. Beside this, exploration of existing possible forum or networks will be continued so that sharing of learning and experiences among peers can be continued without interruption.

Activity 3.3.1 Training on and performance of Street Theatre

Among the selected PEs for youth leadership development, 25 PEs who are interested and having the desire of learning skills on performing street theatre in the community will be trained on performing arts like drama, street theatre etc. A consultant specialized in the subject will be hired and training will be organized together for both the districts.

The project focuses on street theatre because street theatre has proved itself as an effective tool to disseminate messages and to draw attention of people effectively. It is popular among illiterate and people living in rural communities. It is cost effective but covers huge number of people at a time and departs information and knowledge in a more effective way.

The PEs trained in performing art will be mobilized in preparing and organizing street theatre show in each health illaka of both districts.

This activity has two purposes: one is to develop the PE's performance skills and to give them the confidence to conduct community activities; and the second is to make community people including adolescents and youth, aware of the needs and rights of reproductive health of married adolescents. It also informs them about the availability of YFS at local health facilities. It helps for advocacy and also in creating enabling environment in community. The topic of the show will vary from place to place considering the need and requirement of the area/community.

Activity 3.4 District level sharing workshop

At the end of the project each district will organize a district level-sharing workshop for all the stakeholders. The sharing workshop aims to share the major outcomes, achievements and lesson learnt during the project period. This will also help convince the district authorities to pick up good practices and replicate into their regular program.

Expected deliverables and performed activities to date (March 31, 2007):

- 25 PEs trained in street theatre performance

- 23 street theatre performed
- One event of district sharing workshop held (*It is due for June 2007 as there are still few planned activities to be accomplished.*)
- 46 events of Ilaka level workshops with influential people
- Action plan illustrating the activities that the peer educators and SRHFs will implement with influential people on an ongoing basis
- 46 number of activities implemented with influential people
- 138 workshops with MILs and SILs
- Action plan illustrating the activities that the peer educators and SRHFs will implement with SILs and MILs on an ongoing basis
- 138 number of activities implemented with MILs/SILs

4. Cross cutting Activities

4.1 RH TOT for project staffs

A five days RH TOT will be organized in each district for project staffs to enhance facilitation skills and prepare them as a trainer to impart knowledge on sexual and reproductive health. The TOT will be the refresher for new participants and an orientation to newly hired SRHFs. Based on the feedbacks from different visitors as well as the requirement of the project in its second phase, an intensive curriculum of the training is developed. The ACQUIRE staff will provide technical assistance in organizing and facilitating the training. It helps SRHFs to differentiate their roles with that of PEs and enable them to coach and mentor PEs during the course of implementation.

4.2 Documentation and sharing of issues and changed behaviors

The project will also focus on periodic publication of success stories, process, good practices and lessons learned for sharing and promoting to wider replication. The publications will help in gaining recognition of project's contribution.

4.3 District team meeting

District team meeting including both POs and SRHFs will be organized twice every month at both the districts. The major objective of the meeting is to discuss on program outcomes, problems faced and community responses for the program and plan for the next period.

4.4 SRHFs Mobilization

Total of 8 Sexual and Reproductive Health Facilitators, 5 in Dhanusha and 3 in Parsa were hired and mobilized in the first year of the project. In the second year, 5 more SRHFs will be hired to ease the work at VDC level. The SRHFs that are going to be hired for this phase of the project will have more exposure and experiences of community mobilization rather than having simply health and medical background. With this addition, there will be 13 SRHFs covering at least five VDCs by each so that they will have sufficient time to work together with PEs in the field.

Expected deliverables and performed activities to date (March 31, 2007):

- 621 TSVs conducted in HFs and the community
- 18 project staff undergoing a RH ToT
- 3 number of “success stories” written and published (*It will be done with the technical assistance of the ACQUIRE Project and EngenderHealth Team of New York and due for May-June 2007.*)
- 18 district team meetings held
- 2,500 copies of PEs’ Voices published